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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 98-1191 01

First Inventor Gurtej S. Sandhu

Title METHOD TO FORM ETCH AND/OR CMP STOP LAYERS

Express Mail Label No. EV 009987538 US

C835 U.S. PRO

11/09/01

|  |  |   |  |
|--|--|---|--|
| <b>APPLICATION ELEMENTS</b>  |  | <b>ADDRESS TO:</b>  |  |
| See MPEP chapter 600 concerning utility patent application contents.   |  | Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231  |  |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original and a duplicate for fee processing)</i>  |  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)  |  |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br><i>See 37 CFR 1.27.</i>   |  | 8. Nucleotide and/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i>  |  |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 27]<br><i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> |  | a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> c. <input type="checkbox"/> Statements verifying identity of above copies |  |
| <b>ACCOMPANYING APPLICATIONS PARTS</b>   |  |   |  |
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of<br><i>(when there is an assignee)</i> Attorney  |  |   |  |
| 11. <input type="checkbox"/> English Translation Document (if applicable)  |  |   |  |
| 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS<br>Citations   |  |   |  |
| 13. <input checked="" type="checkbox"/> Preliminary Amendment  |  |   |  |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i>   |  |   |  |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i>   |  |   |  |
| 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122<br>(b)(2)(B)(i). Applicant must attach form PTO/SB/35<br>or its equivalent.   |  |   |  |
| 17. <input checked="" type="checkbox"/> Other: <u>Substitute Specification, clean and marked</u><br><u>versions.</u>   |  |   |  |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation  Divisional  Continuation-in-part (CIP)

of prior application No 09 / 531,680

Prior application information: Examiner M. Pizarro-Crespo

Group / Art Unit: 2814

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

|  |   |  |              |          |              |
|--|---|--|--------------|----------|--------------|
| <input type="checkbox"/> Customer Number or Bar Code Label |   | or <input type="checkbox"/> Correspondence address below<br><i>(Insert Customer No. or Attach bar code label here)</i> |              |          |              |
| Name   | Charles Brantley                              |  |              |          |              |
| Address  | Micron Technology, Inc.<br>8000 S Federal Way |  |              |          |              |
| City   | Boise   | State  | ID           | Zip Code | 83716        |
| Country  | USA   | Telephone  | 208-368-4557 | Fax      | 208-368-5606 |

|                   |                         |                                   |             |
|-------------------|-------------------------|-----------------------------------|-------------|
| Name (Print/Type) | Charles Brantley        | Registration No. (Attorney/Agent) | 38,086      |
| Signature         | <i>Charles Brantley</i> |                                   | Date 11/7/1 |

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JCS 71 U.S. PTO

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 2420

| Complete if Known    |                  |
|----------------------|------------------|
| Application Number   |                  |
| Filing Date          | November 9, 2001 |
| First Named Inventor | Gurtej S Sandhu  |
| Examiner Name        |                  |
| Group / Art Unit     |                  |
| Attorney Docket No   | 98-1191 01       |

| METHOD OF PAYMENT (check one)  |                       |                       |  |  | FEE CALCULATION (continued)  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
|--|-----------------------|-----------------------|--|--|--|-----------------------|-----------------------|-----------------|----------------|----------|-----------------------|-----------------------|-----------------|--------------------|------------------------|------------|-----|-----|-------------------------------------|-----|-----------------------------------|------------|-----|------------------|--|-----|---------------------------------------|-----|--------------------|-----|---------------------------|-----|--|------------------------|-------|-----|--|---|--|-----|------|-----|--|--|--|-----|--------|-----|---|--|--|-----|-----|-----|--|--|--|-----|-----|-----|---|--|--|-----|-----|-----|--|--|--|-----|-------|-----|---|--|--|-----|-------|-----|--|--|--|-----|-----|-----|------------------|--|--|-----|-----|-----|--|--|--|-----|-----|-----|--------------------------|--|--|-----|-------|-----|---|--|--|-----|-----|-----|----------------------------------|--|--|-----|-------|-----|------------------------------------|--|--|-----|-------|-----|--------------------------------|--|--|-----|-----|-----|------------------|--|--|-----|-----|-----|-----------------|--|--|-----|-----|-----|-------------------------------|--|--|-----|-----|-----|---|--|--|-----|-----|-----|---|--|--|-----|----|-----|--|--|--|-----|-----|-----|---|--|--|-----|-----|-----|--|--|--|-----|-----|-----|---|--|--|-----|-----|-----|---|--|--|---------------------------|--|--|--|--|--|-----------------------------------|--|--|--|--|--------------------|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to.   |                       |                       |  |  | <b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td colspan="2">Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td colspan="2">Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td colspan="2">Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td colspan="2">For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td colspan="2">Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td colspan="2">Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td colspan="2">Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td colspan="2">Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td colspan="2">Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td colspan="2">Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td colspan="2">Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td colspan="2">Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td colspan="2">Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td colspan="2">Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td colspan="2">Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td colspan="2">Petition to revive – unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td colspan="2">Petition to revive – unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td colspan="2">Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td colspan="2">Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td colspan="2">Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td colspan="2">Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>130</td><td>123</td><td colspan="2">Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td colspan="2">Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td colspan="2">Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td colspan="2">Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td colspan="2">For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td colspan="2">Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td colspan="2">Request for expedited examination of a design application</td><td></td></tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="5">*Reduced by Basic Filing Fee Paid</td> <td>SUBTOTAL (3) (\$ 0</td> </tr> </tbody> </table> |                       |                       |                 |                | Fee Code | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description |                    | Fee Paid               | 105        | 130 | 205 | Surcharge - late filing fee or oath |     |                                   | 127        | 50  | 227              | Surcharge - late provisional filing fee or cover sheet |     |                                       | 139 | 130                | 139 | Non-English specification |     |  | 147                    | 2,520 | 147 | For filing a request for reexamination |   |  | 112 | 920* | 112 | Requesting publication of SIR prior to Examiner action |  |  | 113 | 1,840* | 113 | Requesting publication of SIR after Examiner action |  |  | 115 | 110 | 215 | Extension for reply within first month |  |  | 116 | 390 | 216 | Extension for reply within second month |  |  | 117 | 890 | 217 | Extension for reply within third month |  |  | 118 | 1,390 | 218 | Extension for reply within fourth month |  |  | 128 | 1,890 | 228 | Extension for reply within fifth month |  |  | 119 | 310 | 219 | Notice of Appeal |  |  | 120 | 310 | 220 | Filing a brief in support of an appeal |  |  | 121 | 270 | 221 | Request for oral hearing |  |  | 138 | 1,510 | 138 | Petition to institute a public use proceeding |  |  | 140 | 110 | 240 | Petition to revive – unavoidable |  |  | 141 | 1,240 | 241 | Petition to revive – unintentional |  |  | 142 | 1,240 | 242 | Utility issue fee (or reissue) |  |  | 143 | 440 | 243 | Design issue fee |  |  | 144 | 600 | 244 | Plant issue fee |  |  | 122 | 130 | 122 | Petitions to the Commissioner |  |  | 123 | 130 | 123 | Petitions related to provisional applications |  |  | 126 | 180 | 126 | Submission of Information Disclosure Stmt |  |  | 581 | 40 | 581 | Recording each patent assignment per property (times number of properties) |  |  | 146 | 710 | 246 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  |  | 149 | 710 | 249 | For each additional invention to be examined (37 CFR § 1.129(b)) |  |  | 179 | 710 | 279 | Request for Continued Examination (RCE) |  |  | 169 | 900 | 169 | Request for expedited examination of a design application |  |  | Other fee (specify) _____ |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  | SUBTOTAL (3) (\$ 0 |
| Fee Code   | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description  |  | Fee Paid   |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 105  | 130                   | 205                   | Surcharge - late filing fee or oath  |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 127  | 50                    | 227                   | Surcharge - late provisional filing fee or cover sheet                     |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 139  | 130                   | 139                   | Non-English specification  |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 147  | 2,520                 | 147                   | For filing a request for reexamination                                     |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 112  | 920*                  | 112                   | Requesting publication of SIR prior to Examiner action                     |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 113  | 1,840*                | 113                   | Requesting publication of SIR after Examiner action                        |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 115  | 110                   | 215                   | Extension for reply within first month                                     |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 116  | 390                   | 216                   | Extension for reply within second month                                    |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 117  | 890                   | 217                   | Extension for reply within third month                                     |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 118  | 1,390                 | 218                   | Extension for reply within fourth month                                    |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 128  | 1,890                 | 228                   | Extension for reply within fifth month                                     |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 119  | 310                   | 219                   | Notice of Appeal   |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 120  | 310                   | 220                   | Filing a brief in support of an appeal                                     |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 121  | 270                   | 221                   | Request for oral hearing   |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 138  | 1,510                 | 138                   | Petition to institute a public use proceeding                              |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 140  | 110                   | 240                   | Petition to revive – unavoidable   |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 141  | 1,240                 | 241                   | Petition to revive – unintentional   |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 142  | 1,240                 | 242                   | Utility issue fee (or reissue)   |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 143  | 440                   | 243                   | Design issue fee   |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 144  | 600                   | 244                   | Plant issue fee  |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 122  | 130                   | 122                   | Petitions to the Commissioner  |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 123  | 130                   | 123                   | Petitions related to provisional applications                              |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 126  | 180                   | 126                   | Submission of Information Disclosure Stmt                                  |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 581  | 40                    | 581                   | Recording each patent assignment per property (times number of properties) |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 146  | 710                   | 246                   | Filing a submission after final rejection (37 CFR § 1.129(a))              |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 149  | 710                   | 249                   | For each additional invention to be examined (37 CFR § 1.129(b))           |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 179  | 710                   | 279                   | Request for Continued Examination (RCE)                                    |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 169  | 900                   | 169                   | Request for expedited examination of a design application                  |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| Other fee (specify) _____  |                       |                       |  |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| *Reduced by Basic Filing Fee Paid  |                       |                       |  |  | SUBTOTAL (3) (\$ 0   |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 2. <input type="checkbox"/> Payment Enclosed<br><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                       |                       |  |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| FEE CALCULATION  |                       |                       |  |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| <b>1. BASIC FILING FEE</b> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Small Entity Fee Code</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>355</td><td>Utility filing fee</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td></tr> </tbody> </table>  |                       |                       |  |  | Large Entity Fee Code  | Small Entity Fee Code | Fee Description       |                 | Fee Paid       | 101      | 740                   | 201                   | 355             | Utility filing fee | 106                    | 320        | 206 | 160 | Design filing fee                   | 107 | 490                               | 207        | 245 | Plant filing fee | 108  | 710 | 208                                   | 355 | Reissue filing fee | 114 | 150                       | 214 | 75   | Provisional filing fee |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| Large Entity Fee Code  | Small Entity Fee Code | Fee Description       |  | Fee Paid   |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 101  | 740                   | 201                   | 355  | Utility filing fee   |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 106  | 320                   | 206                   | 160  | Design filing fee  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 107  | 490                   | 207                   | 245  | Plant filing fee   |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 108  | 710                   | 208                   | 355  | Reissue filing fee   |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 114  | 150                   | 214                   | 75   | Provisional filing fee                                     |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| SUBTOTAL (1) (\$ 740   |                       |                       |  |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| <b>2. EXTRA CLAIM FEES</b> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Independent Claims</th> <th>Multiple Dependent</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>62</td><td>14</td><td></td><td>-20</td><td>= 42</td><td>X 18 = 756</td></tr> <tr><td></td><td></td><td></td><td>-3</td><td>= 11</td><td>X 84 = 924</td></tr> <tr><td></td><td></td><td></td><td></td><td>X 0</td><td>= 0</td></tr> </tbody> </table>   |                       |                       |  |  | Total Claims   | Independent Claims    | Multiple Dependent    | Extra Claims    | Fee from below | Fee Paid | 62                    | 14                    |                 | -20                | = 42                   | X 18 = 756 |     |     |                                     | -3  | = 11                              | X 84 = 924 |     |                  |  |     | X 0                                   | = 0 |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| Total Claims   | Independent Claims    | Multiple Dependent    | Extra Claims   | Fee from below   | Fee Paid   |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 62   | 14                    |                       | -20  | = 42   | X 18 = 756   |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
|  |                       |                       | -3   | = 11   | X 84 = 924   |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
|  |                       |                       |  | X 0  | = 0  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| <b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td colspan="2">Claims in excess of 20</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td colspan="2">Independent claims in excess of 3</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td colspan="2">Multiple dependent claim, if not paid</td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td colspan="2">** Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td colspan="2">** Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> |                       |                       |  |  | Fee Code   | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description |                | Fee Paid | 103                   | 18                    | 203             | 9                  | Claims in excess of 20 |            | 102 | 80  | 202                                 | 40  | Independent claims in excess of 3 |            | 104 | 270              | 204  | 135 | Multiple dependent claim, if not paid |     | 109                | 80  | 209                       | 40  | ** Reissue independent claims over original patent |                        | 110   | 18  | 210                                    | 9 | ** Reissue claims in excess of 20 and over original patent |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| Fee Code   | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description  |  | Fee Paid   |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 103  | 18                    | 203                   | 9  | Claims in excess of 20                                     |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 102  | 80                    | 202                   | 40   | Independent claims in excess of 3                          |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 104  | 270                   | 204                   | 135  | Multiple dependent claim, if not paid                      |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 109  | 80                    | 209                   | 40   | ** Reissue independent claims over original patent         |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| 110  | 18                    | 210                   | 9  | ** Reissue claims in excess of 20 and over original patent |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |
| SUBTOTAL (2) (\$ 1680  |                       |                       |  |  |  |                       |                       |                 |                |          |                       |                       |                 |                    |                        |            |     |     |                                     |     |                                   |            |     |                  |  |     |                                       |     |                    |     |                           |     |  |                        |       |     |  |   |  |     |      |     |  |  |  |     |        |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                  |  |  |     |     |     |  |  |  |     |     |     |                          |  |  |     |       |     |   |  |  |     |     |     |                                  |  |  |     |       |     |                                    |  |  |     |       |     |                                |  |  |     |     |     |                  |  |  |     |     |     |                 |  |  |     |     |     |                               |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |  |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                    |

\*\*or number previously paid, if greater. For Reissues, see above

| SUBMITTED BY      |                  | Complete (if applicable)         |        |           |              |
|-------------------|------------------|----------------------------------|--------|-----------|--------------|
| Name (Print/Type) | Charles Brantley | Registration No. Attorney/Agent) | 38,086 | Telephone | 208-368-4557 |
| Signature         | Charles Brantley |                                  |        | Date      | 11/7/01      |

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